

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

(07) 4390

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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25						
26						
27						
28	1					
29						
30						
31						
32						
33						
34						
35						
36	1					
37						
38						
39						
40						
41						
42						
43						
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	21					
TOTAL CLAIMS	24					